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# **POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM**

Application Number	09/764,618
Filing Date	January 17, 2001
First Named Inventor	George Likourezos
Title	SYSTEM AND METHOD FOR...
Art Unit	3692
Examiner Name	Graham, Clement B.
Attorney Docket Number	1002

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

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as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

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☒ Firm or Individual Name **George Likourezos, Esq.**
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**261 Washington Ave.**City **St. James** State **NY** Zip **11780**Country **us**Telephone **631-220-5706** Email

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

## SIGNATURE of Applicant or Assignee of Record

Signature  Date **September 16, 2008**Name **George Likourezos** Telephone **631-220-5706**Title and Company **Managing Partner, XPRT Ventures, LLC**

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ \*Total of **1** forms are submitted.

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